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or Fax (703) 746-4000 or Fax (703) 746-4000 Riccard PUBLICATION FEE (if required) Blocks 1 through						aired). Blocks 1 through 5 sh	ould be completed where	
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<u> </u>	naintenance lee noulleauoi	ns. CE ADDRESS (Note: Use Block 1 for		Note: A certificate o	f mailing can only be used for his certificate cannot be used for	or domestic mailings of the		
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900 AL AB					Paula M. Ha	alsey	(Signature)	
	FC:2501 700.00 UP FC:1504 300.00 UP				December 1	4. 2004	(Date)	
ſ	APPLICATION NO. FILING DATE		1	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
l	APPLICATION NO. 10/649,195	ALL DECEMBER 1		William A. Peterson		510/5	5148	
TITLE OF INVENTION: METHODS AND APPARATUS FOR PROVIDING A DUAL VOLTAGE INVERTER								
THEE OF INVENTION, METHODS AND ANTAUCTOST SAINCE TO SAIN								
[APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	MO YES	\$1250 \$ 700-		\$300	\$1650 A1,000 -	0 — 12/29/2004	
 {	EXAMINER MASIH, KAREN		ART UNIT		CLASS-SUBCLASS]		
			2837		318-801000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys						, inalial	n & Gilman, LLP	
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							loculient has been med for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
	E & M Power, Inc. Binghamton, Ne							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual I							oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.								
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-	Authorized Signature				Date December 14, 2004			
Typed or printed name Matthew B. Dernier Registration No. 40,989								
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